

United States Senate

WASHINGTON, DC 20510-4801

AUTHORIZATION FORM

Please return immediately to:

Senator Robert C. Byrd
SH-311 Senate Office Building
Washington, D.C. 20510

Under the terms of the Privacy Act of 1974, a Federal agency cannot release information concerning an individual to any other person without the specific authorization of the individual. Consequently, in order for me to make any inquiry concerning your case, I must receive from you the information requested below.

Robert C. Byrd
United States Senator

TO WHOM IT MAY CONCERN:

Date: _____

This will authorize the release to Senator Robert C. Byrd of any pertinent information concerning my claim currently pending with the _____.
(Agency)

(Signature)

(Print Name in Full)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

(SS#, Account/Claim Number)

Have you contacted me before regarding this matter? Yes _____ No _____

PLEASE PROVIDE A BRIEF EXPLANATION OF THE PROBLEM BELOW: